

INTENSIVE FAMILY PRESERVATION SERVICE (IFPS) / FAMILY PRESERVATION SERVICE (FPS) **Initial Referral Information**

IFPS: Child(ren) is at imminent risk of out-of-home placement; response required within 24 hours of referral

FPS: Child(ren) is at substantial likelihood of out-of-home placement; response required within 48 hours

We are referring this family to your agency **Type Name Of Agency Here** For: (please check one of the following services)

IFPS Intervention (choose 40 or 90 days below)

☐ 40 Days (services to be provided by therapist only)

☐ 90 Days (paraprofessional(s) may also provide services)

☐ **FPS Intervention** (6 month intervention)

☐ **IFPS Evaluation** (not to exceed 7 days and 20 hours)

☐ **IFPS Aftercare** (not to exceed 14 days and 20 hours)

DCFS Referring Program: ☐ CPS ☐ CWS ☐ FRS

Referral Date		Office Code Number		Referring Social Worker's (SW) Phone	
Referring SW's Name			SW's Fax		SW's email
DCFS Supervisor's Name			DCFS Supervisor's Phone		
Caregiver Information (please identify up to two caregivers who will receive services with the child(ren) referred)					
Name (first)	(last)	DOB	Gender	Race* <i>Select one</i>	Hispanic ethnicity? (Y/N)
Name (first)	(last)	DOB	Gender	Race* <i>Select one</i>	Hispanic ethnicity? (Y/N)
Tribal Affiliation (if applicable)		Family's Phone		DCFS Case Number	
Family's Street Address		City	County	Zip	

* If caregiver race is "Other" or "Multiracial", please specify here → for first named caregiver _____ for second named caregiver _____

Reason for Referral (please provide specific CA/N allegations, risk factors, family conflict, or other issues/concerns)

Begin typing here → _____

Caregiver Risks (please check all that apply)		
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Lack of Empathy / Nurturance / Bonding	<input type="checkbox"/> Lack of Cooperation
<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Caregiver's History of Violence or Sexual Assault (towards peers/children)	<input type="checkbox"/> Other Caregiver Risk (describe): _____
<input type="checkbox"/> Mental, Emotional, Intellectual, or Physical Impairments	<input type="checkbox"/> Lack of Recognition of Problem	<input type="checkbox"/> Other Caregiver Risk (describe): _____
<input type="checkbox"/> Parenting Skills / Expectations of Child	<input type="checkbox"/> History of CA/N as a Child	

Family Strengths (community connections, family relationships, financial, etc.)

Begin typing here → _____

Intervention Expectations (list goals that would promote increased safety, improve family functioning and reduce risk)

Begin typing here → _____

Other Concerns, Special Needs, Safety Issues, etc. (include worker/therapist safety issues)

Begin typing here → _____

Required Documents Attached to this Referral (check and attach all that apply):

☐ Investigative Risk Assessment ☐ Safety Assessment/Plan ☐ Reunification Assessment ☐ Transition and Safety Plan ☐ ISSP

Number of Children in Family who are at Imminent Risk or Substantial Likelihood of Out-of-Home Placement or in Need of Reunification Services type number here → _ (complete a child specific data section on the following pages for each child identified)

Supervisor's Signature _____ Gatekeeper's Signature _____

Date faxed to contracted provider: _____ Number of pages faxed (including any attachments): _____

CHILD SPECIFIC DATA SECTIONS

Reason(s) for IFPS or FPS Referral

*Please find a Child Specific Data Section for **each child** in this family DCFS has identified as being
"At Imminent Risk of Placement" (IFPS), at "Substantial Likelihood of Placement" (FPS), or in "Need of Reunification" (IFPS /FPS)*

IDENTIFIED CHILD NUMBER 1

Type of IFPS/FPS Requested (Placement Prevention / Reunification): *Select one* **with** *Select one*

First Name	Last Name	DOB	Gender	Race*	Hispanic ethnicity? (Y/N)	Person ID Number	Child in home at time of referral? (Y/N)
				<i>Select one</i>			

** If race/ethnicity is "Other" or "Multiracial", please specify here →*

THIS CHILD'S ABUSE/NEGLECT ALLEGATIONS (please check all that apply):

- Neglect** ☐ Medical ☐ Emotional ☐ Physical ☐ Supervisory ☐ Environment
- Abuse/Conflict** ☐ Physical Abuse ☐ Sexual Abuse ☐ Serious Family Conflict

THIS CHILD'S SPECIFIC RISK FACTORS (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Family's history of CA/N (prior referrals)
<input type="checkbox"/> Developmental disability or mental retardation
<input type="checkbox"/> Serious mental health issues
<input type="checkbox"/> Physical handicap or chronic debilitating medical problem | <input type="checkbox"/> Behavioral problems
<input type="checkbox"/> Delinquency
<input type="checkbox"/> School problems
<input type="checkbox"/> Other (please describe briefly in space below)
<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div> |
|---|---|

Additional Comments: _____

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IDENTIFIED CHILD NUMBER 2

Type of IFPS/FPS Requested (Placement Prevention / Reunification): *Select one* **with** *Select one*

First Name	Last Name	DOB	Gender	Race*	Hispanic ethnicity? (Y/N)	Person ID Number	Child in home at time of referral? (Y/N)
				<i>Select one</i>			

** If race/ethnicity is "Other" or "Multiracial", please specify here →*

THIS CHILD'S ABUSE/NEGLECT ALLEGATIONS (please check all that apply):

- Neglect** ☐ Medical ☐ Emotional ☐ Physical ☐ Supervisory ☐ Environment
- Abuse/Conflict** ☐ Physical Abuse ☐ Sexual Abuse ☐ Serious Family Conflict

THIS CHILD'S SPECIFIC RISK FACTORS (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Family's history of CA/N (prior referrals)
<input type="checkbox"/> Developmental disability or mental retardation
<input type="checkbox"/> Serious mental health issues
<input type="checkbox"/> Physical handicap or chronic debilitating medical problem | <input type="checkbox"/> Behavioral problems
<input type="checkbox"/> Delinquency
<input type="checkbox"/> School problems
<input type="checkbox"/> Other (please describe briefly in space below)
<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div> |
|---|---|

Additional Comments: _____

CHILD SPECIFIC DATA SECTIONS
Reason(s) for IFPS or FPS Referral

IDENTIFIED CHILD NUMBER 3

Type of IFPS/FPS Requested (Placement Prevention / Reunification): *Select one* **with** *Select one*

First Name	Last Name	DOB	Gender	Race*	Hispanic ethnicity? (Y/N)	Person ID Number	Child in home at time of referral? (Y/N)
				<i>Select one</i>			

* If race/ethnicity is "Other" or "Multiracial", please specify here →

THIS CHILD'S ABUSE/NEGLECT ALLEGATIONS (please check all that apply):

Neglect ☐ Medical ☐ Emotional ☐ Physical ☐ Supervisory ☐ Environment

Abuse/Conflict ☐ Physical Abuse ☐ Sexual Abuse ☐ Serious Family Conflict

THIS CHILD'S SPECIFIC RISK FACTORS (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Family's history of CA/N (prior referrals) | <input type="checkbox"/> Behavioral problems |
| <input type="checkbox"/> Developmental disability or mental retardation | <input type="checkbox"/> Delinquency |
| <input type="checkbox"/> Serious mental health issues | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Physical handicap or chronic debilitating medical problem | <input type="checkbox"/> Other (please describe briefly in space below) |

Additional Comments: _____

IDENTIFIED CHILD NUMBER 4

Type of IFPS/FPS Requested (Placement Prevention / Reunification): *Select one* **with** *Select one*

First Name	Last Name	DOB	Gender	Race*	Hispanic ethnicity? (Y/N)	Person ID Number	Child in home at time of referral? (Y/N)
				<i>Select one</i>			

* If race/ethnicity is "Other" or "Multiracial", please specify here →

THIS CHILD'S ABUSE/NEGLECT ALLEGATIONS (please check all that apply):

Neglect ☐ Medical ☐ Emotional ☐ Physical ☐ Supervisory ☐ Environment

Abuse/Conflict ☐ Physical Abuse ☐ Sexual Abuse ☐ Serious Family Conflict

THIS CHILD'S SPECIFIC RISK FACTORS (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Family's history of CA/N (prior referrals) | <input type="checkbox"/> Behavioral problems |
| <input type="checkbox"/> Developmental disability or mental retardation | <input type="checkbox"/> Delinquency |
| <input type="checkbox"/> Serious mental health issues | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Physical handicap or chronic debilitating medical problem | <input type="checkbox"/> Other (please describe briefly in space below) |

Additional Comments: _____

CHILD SPECIFIC DATA SECTIONS
Reason(s) for IFPS or FPS Referral

IDENTIFIED CHILD NUMBER 5

Type of IFPS/FPS Requested (Placement Prevention / Reunification): *Select one* **with** *Select one*

First Name	Last Name	DOB	Gender	Race*	Hispanic ethnicity? (Y/N)	Person ID Number	Child in home at time of referral? (Y/N)
				Select one			

* If race/ethnicity is "Other" or "Multiracial", please specify here →

THIS CHILD'S ABUSE/NEGLECT ALLEGATIONS (please check all that apply):

Neglect ☐ Medical ☐ Emotional ☐ Physical ☐ Supervisory ☐ Environment

Abuse/Conflict ☐ Physical Abuse ☐ Sexual Abuse ☐ Serious Family Conflict

THIS CHILD'S SPECIFIC RISK FACTORS (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Family's history of CA/N (prior referrals) | <input type="checkbox"/> Behavioral problems |
| <input type="checkbox"/> Developmental disability or mental retardation | <input type="checkbox"/> Delinquency |
| <input type="checkbox"/> Serious mental health issues | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Physical handicap or chronic debilitating medical problem | <input type="checkbox"/> Other (please describe briefly in space below) |

Additional Comments: _____

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IDENTIFIED CHILD NUMBER 6

Type of IFPS/FPS Requested (Placement Prevention / Reunification): *Select one* **with** *Select one*

First Name	Last Name	DOB	Gender	Race*	Hispanic ethnicity? (Y/N)	Person ID Number	Child in home at time of referral? (Y/N)
				Select one			

* If race/ethnicity is "Other" or "Multiracial", please specify here →

THIS CHILD'S ABUSE/NEGLECT ALLEGATIONS (please check all that apply):

Neglect ☐ Medical ☐ Emotional ☐ Physical ☐ Supervisory ☐ Environment

Abuse/Conflict ☐ Physical Abuse ☐ Sexual Abuse ☐ Serious Family Conflict

THIS CHILD'S SPECIFIC RISK FACTORS (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Family's history of CA/N (prior referrals) | <input type="checkbox"/> Behavioral problems |
| <input type="checkbox"/> Developmental disability or mental retardation | <input type="checkbox"/> Delinquency |
| <input type="checkbox"/> Serious mental health issues | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Physical handicap or chronic debilitating medical problem | <input type="checkbox"/> Other (please describe briefly in space below) |

Additional Comments: _____

CHILD SPECIFIC DATA SECTIONS
Reason(s) for IFPS or FPS Referral

IDENTIFIED CHILD NUMBER 7

Type of IFPS/FPS Requested (Placement Prevention / Reunification): *Select one* **with** *Select one*

First Name	Last Name	DOB	Gender	Race*	Hispanic ethnicity? (Y/N)	Person ID Number	Child in home at time of referral? (Y/N)
				Select one			

* If race/ethnicity is "Other" or "Multiracial", please specify here →

THIS CHILD'S ABUSE/NEGLECT ALLEGATIONS (please check all that apply):

Neglect ☐ Medical ☐ Emotional ☐ Physical ☐ Supervisory ☐ Environment

Abuse/Conflict ☐ Physical Abuse ☐ Sexual Abuse ☐ Serious Family Conflict

THIS CHILD'S SPECIFIC RISK FACTORS (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Family's history of CA/N (prior referrals) | <input type="checkbox"/> Behavioral problems |
| <input type="checkbox"/> Developmental disability or mental retardation | <input type="checkbox"/> Delinquency |
| <input type="checkbox"/> Serious mental health issues | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Physical handicap or chronic debilitating medical problem | <input type="checkbox"/> Other (please describe briefly in space below) |

Additional Comments: _____

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IDENTIFIED CHILD NUMBER 8

Type of IFPS/FPS Requested (Placement Prevention / Reunification): *Select one* **with** *Select one*

First Name	Last Name	DOB	Gender	Race*	Hispanic ethnicity? (Y/N)	Person ID Number	Child in home at time of referral? (Y/N)
				Select one			

* If race/ethnicity is "Other" or "Multiracial", please specify here →

THIS CHILD'S ABUSE/NEGLECT ALLEGATIONS (please check all that apply):

Neglect ☐ Medical ☐ Emotional ☐ Physical ☐ Supervisory ☐ Environment

Abuse/Conflict ☐ Physical Abuse ☐ Sexual Abuse ☐ Serious Family Conflict

THIS CHILD'S SPECIFIC RISK FACTORS (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Family's history of CA/N (prior referrals) | <input type="checkbox"/> Behavioral problems |
| <input type="checkbox"/> Developmental disability or mental retardation | <input type="checkbox"/> Delinquency |
| <input type="checkbox"/> Serious mental health issues | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Physical handicap or chronic debilitating medical problem | <input type="checkbox"/> Other (please describe briefly in space below) |

Additional Comments: _____

IFPS/FPS EXIT SUMMARY

On the following pages you will find a new IFPS/FPS Exit Summary form to record your services, family connections with supportive resources, and the assessment results for the North Carolina Family Assessment Scale (NCFAS). The NCFAS was selected by Children's Administration to improve before and after assessment and service evaluation of families referred to Intensive Family Preservation Services (IFPS) or Family Preservation Services (FPS). The following pages are similar in format to the documents introduced to you in the training, but also include additional sections to evaluate program services as required by the Revised Code of Washington (RCW) 74.14C. As the document is quite lengthy, please find a brief outline of its overall organization:

Pages 7 through 22 *(pages 19-22 are to be used for cases referred for reunification services only)*

Global NCFAS Domain Assessment (each varies in color on screen)

(five NCFAS Domains for placement prevention services; two additional for reunification service)

Goal Identification and Narrative for each NCFAS Domain

Concrete Funds Provided (amount and description) for each NCFAS Domain

Domain Subscale (Area) Assessment (number varies for each domain)

IFPS/FPS Therapeutic Service Identification for each NCFAS subscale (area)

Page 18 - Family's Community Supports

Page 23 - Final Service Summary Section

Page 24 - Service Record of Dates and Time

NOTES

- ♦ Rate all subscale areas before assigning a global domain assessment rating (if you do not have ready access to the NCFAS Definitions, please request a copy from the Program Manager, Jill Boyce (boyj300@dshs.wa.gov), or the Research Manager for the program, Sherry Brummel (brus300@dshs.wa.gov))
- ♦ Record a NCFAS start and end of service rating for each domain and subscale area
- ♦ If a subscale area is not rated as "problem", you do not need to record services
- ♦ The Ambivalence and Overall Readiness for Reunification Domains need to be completed for reunification services only
- ♦ It is important you record accurate first and last face to face contact dates as these are used to calculate intervention/service length
- ♦ We recommend use of the last page of this document to record contacts with each family on an ongoing basis as these dates and times will be submitted with your final Exit Summary

2005 IFPS/FPS EXIT SUMMARY

using the North Carolina Family Assessment Scale (NCFAS)

Please refer to the Definitions for the NCFAS you received in training to aid in rating each area and domain. You may request a copy from the Program Manager, Jill Boyce (boyj300@dshs.wa.gov), or the Research Manager, Sherry Brummel (brus300@dshs.wa.gov), if needed.

NCFAS GLOBAL DOMAIN	NCFAS RATING FOR OVERALL ENVIRONMENT DOMAIN					
ENVIRONMENT	Clear Strength +2	Mild Strength +1	Baseline/ Adequate 0	Mild Problem -1	Moderate Problem -2	Serious Problem -3
Overall Assessment at Start of Services <i>(please complete after rating each domain subscale)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Assessment at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief narrative (and goal identification) for global NCFAS Environment Domain: Begin typing here → _____

Concrete funds provided to family for global NCFAS Environment Domain → \$ _____.00 for: Briefly describe any items/services purchased with allotted concrete funds here → _____

NCFAS ENVIRONMENT DOMAIN AREA: <u>Housing Stability</u>																		
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3												
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<p style="text-align: center;">Services Provided for <u>Housing Stability</u></p> <p><input type="checkbox"/> No service(s) needed <i>(rating of +2, +1, or 0 at start of services)</i></p> <p><i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Motivation/engagement activities</td> <td><input type="checkbox"/> Communication skills</td> <td><input type="checkbox"/> Substance abuse treatment/management</td> </tr> <tr> <td><input type="checkbox"/> Parenting/child behavior management</td> <td><input type="checkbox"/> Safety</td> <td><input type="checkbox"/> Other (specify other services below)</td> </tr> <tr> <td><input type="checkbox"/> Emotion management</td> <td><input type="checkbox"/> Community service access/advocacy/</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Interpersonal/life/household/job-related</td> <td>coordination</td> <td></td> </tr> </table>							<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management	<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other services below)	<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/		<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	
<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management																
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other services below)																
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/																	
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination																	

NCFAS ENVIRONMENT DOMAIN AREA: <u>Safety in the Community</u>																		
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3												
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<p style="text-align: center;">Services Provided for <u>Safety in the Community</u></p> <p><input type="checkbox"/> No service(s) needed <i>(rating of +2, +1, or 0 at start of services)</i></p> <p><i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Motivation/engagement activities</td> <td><input type="checkbox"/> Communication skills</td> <td><input type="checkbox"/> Substance abuse treatment/management</td> </tr> <tr> <td><input type="checkbox"/> Parenting/child behavior management</td> <td><input type="checkbox"/> Safety</td> <td><input type="checkbox"/> Other (specify other service(s) below)</td> </tr> <tr> <td><input type="checkbox"/> Emotion management</td> <td><input type="checkbox"/> Community service access/advocacy/</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Interpersonal/life/household/job-related</td> <td>coordination</td> <td></td> </tr> </table>							<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management	<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)	<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/		<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	
<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management																
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)																
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/																	
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination																	

NCFAS ENVIRONMENT DOMAIN AREA: Habitability of Housing

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Housing Habitability*☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____

NCFAS ENVIRONMENT DOMAIN AREA: Income/Employment

Annual Family Income: Select one

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Income/Employment*☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____

NCFAS ENVIRONMENT DOMAIN AREA: Financial Management

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Financial Management*☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____

NCFAS ENVIRONMENT DOMAIN AREA: Food and Nutrition

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Food and Nutrition*☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____

NCFAS ENVIRONMENT DOMAIN AREA: Personal Hygiene

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Personal Hygiene*☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____

NCFAS ENVIRONMENT DOMAIN AREA: Transportation

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Transportation*☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____

NCFAS ENVIRONMENT DOMAIN AREA: Learning Environment

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Learning Environment*☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____

Please refer to the *Definitions for the NCFAS* you received in training to aid in rating each area and domain. You may request a copy from the Program Manager, Jill Boyce (boyj300@dshs.wa.gov), or the Research Manager, Sherry Brummel (brus300@dshs.wa.gov), if needed.

NCFAS GLOBAL DOMAIN	NCFAS RATING FOR OVERALL PARENTAL CAPABILITIES DOMAIN					
PARENTAL CAPABILITIES	Clear Strength +2	Mild Strength +1	Baseline/ Adequate 0	Mild Problem -1	Moderate Problem -2	Serious Problem -3
Overall Assessment at Start of Services <i>(please complete after rating each domain subscale)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Assessment at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief narrative (and goal identification) for global NCFAS Parental Capabilities Domain: *Begin typing here* → _____

Concrete funds provided to family for global NCFAS Parental Capabilities Domain → \$ _____.00 for: *Briefly describe any items/services purchased with allotted concrete funds here* → _____

NCFAS PARENTAL CAPABILITIES DOMAIN AREA: <u>Supervision of Child(ren)</u>						
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Provided for <i>Supervision of Child(ren)</i> <input type="checkbox"/> No service(s) needed <i>(rating of +2, +1, or 0 at start of services)</i> <i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Motivation/engagement activities</div> <div style="width: 33%;"><input type="checkbox"/> Communication skills</div> <div style="width: 33%;"><input type="checkbox"/> Substance abuse treatment/management</div> <div style="width: 33%;"><input type="checkbox"/> Parenting/child behavior management</div> <div style="width: 33%;"><input type="checkbox"/> Safety</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify other service(s) below)</div> <div style="width: 33%;"><input type="checkbox"/> Emotion management</div> <div style="width: 33%;"><input type="checkbox"/> Community service access/advocacy/</div> <div style="width: 33%;"><input type="checkbox"/> Interpersonal/life/household/job-related coordination</div> </div>						

NCFAS PARENTAL CAPABILITIES DOMAIN AREA: <u>Disciplinary Practices</u>						
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Provided for <i>Disciplinary Practices</i> <input type="checkbox"/> No service(s) needed <i>(rating of +2, +1, or 0 at start of services)</i> <i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Motivation/engagement activities</div> <div style="width: 33%;"><input type="checkbox"/> Communication skills</div> <div style="width: 33%;"><input type="checkbox"/> Substance abuse treatment/management</div> <div style="width: 33%;"><input type="checkbox"/> Parenting/child behavior management</div> <div style="width: 33%;"><input type="checkbox"/> Safety</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify other service(s) below)</div> <div style="width: 33%;"><input type="checkbox"/> Emotion management</div> <div style="width: 33%;"><input type="checkbox"/> Community service access/advocacy/</div> <div style="width: 33%;"><input type="checkbox"/> Interpersonal/life/household/job-related coordination</div> </div>						

NCFAS PARENTAL CAPABILITIES DOMAIN AREA: <u>Provide Developmental/Enrichment Opportunities</u>						
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Provided for <i>Provision of Developmental/Enrichment Opportunities</i> <input type="checkbox"/> No service(s) needed <i>(rating of +2, +1, or 0 at start of services)</i> <i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Motivation/engagement activities</div> <div style="width: 33%;"><input type="checkbox"/> Communication skills</div> <div style="width: 33%;"><input type="checkbox"/> Substance abuse treatment/management</div> <div style="width: 33%;"><input type="checkbox"/> Parenting/child behavior management</div> <div style="width: 33%;"><input type="checkbox"/> Safety</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify other service(s) below)</div> <div style="width: 33%;"><input type="checkbox"/> Emotion management</div> <div style="width: 33%;"><input type="checkbox"/> Community service access/advocacy/</div> <div style="width: 33%;"><input type="checkbox"/> Interpersonal/life/household/job-related coordination</div> </div>						

NCFAS PARENTAL CAPABILITIES DOMAIN AREA: Parent's/Caregiver's Mental Health

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Parent's/Caregiver's Mental Health*☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

- | | | |
|---|---|---|
| <input type="checkbox"/> Motivation/engagement activities | <input type="checkbox"/> Communication skills | <input type="checkbox"/> Substance abuse treatment/management |
| <input type="checkbox"/> Parenting/child behavior management | <input type="checkbox"/> Safety | <input type="checkbox"/> Other (specify other service(s) below) |
| <input type="checkbox"/> Emotion management | <input type="checkbox"/> Community service access/advocacy/ | _____ |
| <input type="checkbox"/> Interpersonal/life/household/job-related | coordination | _____ |

NCFAS PARENTAL CAPABILITIES DOMAIN AREA: Parent's/Caregiver's Physical Health

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Parent's/Caregiver's Physical Health*☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

- | | | |
|---|---|---|
| <input type="checkbox"/> Motivation/engagement activities | <input type="checkbox"/> Communication skills | <input type="checkbox"/> Substance abuse treatment/management |
| <input type="checkbox"/> Parenting/child behavior management | <input type="checkbox"/> Safety | <input type="checkbox"/> Other (specify other service(s) below) |
| <input type="checkbox"/> Emotion management | <input type="checkbox"/> Community service access/advocacy/ | _____ |
| <input type="checkbox"/> Interpersonal/life/household/job-related | coordination | _____ |

NCFAS PARENTAL CAPABILITIES DOMAIN AREA: Parent's/Caregiver's Use of Drugs/Alcohol

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Parent's/Caregiver's Use of Drugs/Alcohol*☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

- | | | |
|---|---|---|
| <input type="checkbox"/> Motivation/engagement activities | <input type="checkbox"/> Communication skills | <input type="checkbox"/> Substance abuse treatment/management |
| <input type="checkbox"/> Parenting/child behavior management | <input type="checkbox"/> Safety | <input type="checkbox"/> Other (specify other service(s) below) |
| <input type="checkbox"/> Emotion management | <input type="checkbox"/> Community service access/advocacy/ | _____ |
| <input type="checkbox"/> Interpersonal/life/household/job-related | coordination | _____ |

Please refer to the *Definitions for the NCFAS* you received in training to aid in rating each area and domain. You may request a copy from the Program Manager, Jill Boyce (boyj300@dshs.wa.gov), or the Research Manager, Sherry Brummel (brus300@dshs.wa.gov), if needed.

NCFAS GLOBAL DOMAIN	NCFAS RATING FOR OVERALL FAMILY INTERACTIONS DOMAIN					
FAMILY INTERACTIONS	Clear Strength +2	Mild Strength +1	Baseline/ Adequate 0	Mild Problem -1	Moderate Problem -2	Serious Problem -3
Overall Assessment at Start of Services <i>(please complete after rating each domain subscale)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Assessment at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief narrative (and goal identification) for *global NCFAS Family Interactions Domain*: Begin typing here → _____

Concrete funds provided to family for *global NCFAS Family Interactions Domain* → \$ _____.00 for: Briefly describe any items/services purchased with allotted concrete funds here → _____

NCFAS FAMILY INTERACTIONS DOMAIN AREA: <u>Bonding with Child(ren)</u>						
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Provided for <i>Bonding with Child(ren)</i> <input type="checkbox"/> No service(s) needed <i>(rating of +2, +1, or 0 at start of services)</i> <i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Motivation/engagement activities</div> <div style="width: 33%;"><input type="checkbox"/> Communication skills</div> <div style="width: 33%;"><input type="checkbox"/> Substance abuse treatment/management</div> <div style="width: 33%;"><input type="checkbox"/> Parenting/child behavior management</div> <div style="width: 33%;"><input type="checkbox"/> Safety</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify other service(s) below)</div> <div style="width: 33%;"><input type="checkbox"/> Emotion management</div> <div style="width: 33%;"><input type="checkbox"/> Community service access/advocacy/</div> <div style="width: 33%;"><input type="checkbox"/> Interpersonal/life/household/job-related coordination</div> </div>						

NCFAS FAMILY INTERACTIONS DOMAIN AREA: <u>Expectations of the Child(ren)</u>						
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Provided for <i>Expectations of the Child(ren)</i> <input type="checkbox"/> No service(s) needed <i>(rating of +2, +1, or 0 at start of services)</i> <i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Motivation/engagement activities</div> <div style="width: 33%;"><input type="checkbox"/> Communication skills</div> <div style="width: 33%;"><input type="checkbox"/> Substance abuse treatment/management</div> <div style="width: 33%;"><input type="checkbox"/> Parenting/child behavior management</div> <div style="width: 33%;"><input type="checkbox"/> Safety</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify other service(s) below)</div> <div style="width: 33%;"><input type="checkbox"/> Emotion management</div> <div style="width: 33%;"><input type="checkbox"/> Community service access/advocacy/</div> <div style="width: 33%;"><input type="checkbox"/> Interpersonal/life/household/job-related coordination</div> </div>						

NCFAS FAMILY INTERACTIONS DOMAIN AREA: <u>Mutual Support within the Family</u>						
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Provided to Reduce <i>Mutual Support within the Family Risk</i> <input type="checkbox"/> No service(s) needed <i>(rating of +2, +1, or 0 at start of services)</i> <i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Motivation/engagement activities</div> <div style="width: 33%;"><input type="checkbox"/> Communication skills</div> <div style="width: 33%;"><input type="checkbox"/> Substance abuse treatment/management</div> <div style="width: 33%;"><input type="checkbox"/> Parenting/child behavior management</div> <div style="width: 33%;"><input type="checkbox"/> Safety</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify other service(s) below)</div> <div style="width: 33%;"><input type="checkbox"/> Emotion management</div> <div style="width: 33%;"><input type="checkbox"/> Community service access/advocacy/</div> <div style="width: 33%;"><input type="checkbox"/> Interpersonal/life/household/job-related coordination</div> </div>						

NCFAS FAMILY INTERACTIONS DOMAIN AREA: Relationship between Parents/Caregivers

Marital Status of Primary Caregiver: *Select one*

☐ Does not apply to this family - only one caregiver or no significant other

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Relationship between Parents/Caregivers*

☐ No service(s) needed (*rating of +2, +1, or 0 at start of services*)

(*please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3*)

- | | | |
|---|---|---|
| <input type="checkbox"/> Motivation/engagement activities | <input type="checkbox"/> Communication skills | <input type="checkbox"/> Substance abuse treatment/management |
| <input type="checkbox"/> Parenting/child behavior management | <input type="checkbox"/> Safety | <input type="checkbox"/> Other (specify other service(s) below) |
| <input type="checkbox"/> Emotion management | <input type="checkbox"/> Community service access/advocacy/ | |
| <input type="checkbox"/> Interpersonal/life/household/job-related | coordination | |

Please refer to the *Definitions for the NCFAS* you received in training to aid in rating each area and domain. You may request a copy from the Program Manager, Jill Boyce (boyj300@dshs.wa.gov), or the Research Manager, Sherry Brummel (brus300@dshs.wa.gov), if needed.

NCFAS GLOBAL DOMAIN	NCFAS RATING FOR OVERALL FAMILY SAFETY DOMAIN					
	Clear Strength +2	Mild Strength +1	Baseline/ Adequate 0	Mild Problem -1	Moderate Problem -2	Serious Problem -3
FAMILY SAFETY						
Overall Assessment at Start of Services <i>(please complete after rating each domain subscale)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Assessment at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief narrative (and goal identification) for global NCFAS Family Safety Domain: *Begin typing here* → _____

Concrete funds provided to family for global NCFAS Family Safety Domain → \$ _____.00 for: *Briefly describe any items/services purchased with allotted concrete funds here* → _____

NCFAS FAMILY SAFETY DOMAIN AREA: Absence/Presence of Physical Abuse of Child(ren)						
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Provided for Physical Abuse of Child(ren) <input type="checkbox"/> No service(s) needed (rating of +2, +1, or 0 at start of services) <i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i>						
<input type="checkbox"/> Motivation/engagement activities <input type="checkbox"/> Communication skills <input type="checkbox"/> Substance abuse treatment/management <input type="checkbox"/> Parenting/child behavior management <input type="checkbox"/> Safety <input type="checkbox"/> Other (specify other service(s) below) <input type="checkbox"/> Emotion management <input type="checkbox"/> Community service access/advocacy/ _____ <input type="checkbox"/> Interpersonal/life/household/job-related coordination _____						

NCFAS FAMILY SAFETY DOMAIN AREA: Absence/Presence of Sexual Abuse of Child(ren)						
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Provided for Reduce Sexual Abuse of Child(ren) <input type="checkbox"/> No service(s) needed (rating of +2, +1, or 0 at start of services) <i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i>						
<input type="checkbox"/> Motivation/engagement activities <input type="checkbox"/> Communication skills <input type="checkbox"/> Substance abuse treatment/management <input type="checkbox"/> Parenting/child behavior management <input type="checkbox"/> Safety <input type="checkbox"/> Other (specify other service(s) below) <input type="checkbox"/> Emotion management <input type="checkbox"/> Community service access/advocacy/ _____ <input type="checkbox"/> Interpersonal/life/household/job-related coordination _____						

NCFAS FAMILY SAFETY DOMAIN AREA: Absence/Presence of Emotional Abuse of Child(ren)						
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Provided to Reduce Emotional Abuse of Child(ren) Risk <input type="checkbox"/> No service(s) needed (rating of +2, +1, or 0 at start of services) <i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i>						
<input type="checkbox"/> Motivation/engagement activities <input type="checkbox"/> Communication skills <input type="checkbox"/> Substance abuse treatment/management <input type="checkbox"/> Parenting/child behavior management <input type="checkbox"/> Safety <input type="checkbox"/> Other (specify other service(s) below) <input type="checkbox"/> Emotion management <input type="checkbox"/> Community service access/advocacy/ _____ <input type="checkbox"/> Interpersonal/life/household/job-related coordination _____						

NCFAS FAMILY SAFETY DOMAIN AREA: <u>Absence/Presence of Neglect of Child(ren)</u>																		
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3												
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<p>Services Provided for <i>Neglect of Child(ren)</i></p> <p><input type="checkbox"/> No service(s) needed (<i>rating of +2, +1, or 0 at start of services</i>)</p> <p>(<i>please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3</i>)</p> <table border="0"> <tr> <td><input type="checkbox"/> Motivation/engagement activities</td> <td><input type="checkbox"/> Communication skills</td> <td><input type="checkbox"/> Substance abuse treatment/management</td> </tr> <tr> <td><input type="checkbox"/> Parenting/child behavior management</td> <td><input type="checkbox"/> Safety</td> <td><input type="checkbox"/> Other (specify other service(s) below)</td> </tr> <tr> <td><input type="checkbox"/> Emotion management</td> <td><input type="checkbox"/> Community service access/advocacy/</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Interpersonal/life/household/job-related</td> <td>Coordination</td> <td>_____</td> </tr> </table>							<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management	<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)	<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____	<input type="checkbox"/> Interpersonal/life/household/job-related	Coordination	_____
<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management																
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)																
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____																
<input type="checkbox"/> Interpersonal/life/household/job-related	Coordination	_____																

NCFAS FAMILY SAFETY DOMAIN AREA: <u>Absence/Presence of Domestic Violence between Parents/Caregivers</u>																		
<input type="checkbox"/> Does not apply to this family - only one caregiver or no significant other																		
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3												
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<p>Services Provided for <i>Domestic Violence between Parents/Caregivers</i></p> <p><input type="checkbox"/> No service(s) needed (<i>rating of +2, +1, or 0 at start of services</i>)</p> <p>(<i>please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3</i>)</p> <table border="0"> <tr> <td><input type="checkbox"/> Motivation/engagement activities</td> <td><input type="checkbox"/> Communication skills</td> <td><input type="checkbox"/> Substance abuse treatment/management</td> </tr> <tr> <td><input type="checkbox"/> Parenting/child behavior management</td> <td><input type="checkbox"/> Safety</td> <td><input type="checkbox"/> Other (specify other service(s) below)</td> </tr> <tr> <td><input type="checkbox"/> Emotion management</td> <td><input type="checkbox"/> Community service access/advocacy/</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Interpersonal/life/household/job-related</td> <td>coordination</td> <td>_____</td> </tr> </table>							<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management	<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)	<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____	<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____
<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management																
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)																
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____																
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____																

Please refer to the *Definitions for the NCFAS* you received in training to aid in rating each area and domain. You may request a copy from the Program Manager, Jill Boyce (boyj300@dshs.wa.gov), or the Research Manager, Sherry Brummel (brus300@dshs.wa.gov), if needed.

NCFAS GLOBAL DOMAIN	NCFAS RATING FOR OVERALL FAMILY SAFETY DOMAIN					
CHILD WELL-BEING	Clear Strength +2	Mild Strength +1	Baseline/ Adequate 0	Mild Problem -1	Moderate Problem -2	Serious Problem -3
Overall Assessment at Start of Services <i>(please complete after rating each domain subscale)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Assessment at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief narrative (and goal identification) for *global NCFAS Child Well-Being Domain*: Begin typing here → _____

Concrete funds provided to family for *global NCFAS Child Well-Being Domain* → \$ _____.00 for: Briefly describe any items/services purchased with allotted concrete funds here → _____

NCFAS CHILD WELL-BEING DOMAIN AREA: <u>Child(ren)'s Mental Health</u>						
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Provided for <i>Child(ren)'s Mental Health</i> <input type="checkbox"/> No service(s) needed <i>(rating of +2, +1, or 0 at start of services)</i> <i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i>						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Motivation/engagement activities</div> <div style="width: 33%;"><input type="checkbox"/> Communication skills</div> <div style="width: 33%;"><input type="checkbox"/> Substance abuse treatment/management</div> <div style="width: 33%;"><input type="checkbox"/> Parenting/child behavior management</div> <div style="width: 33%;"><input type="checkbox"/> Safety</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify other service(s) below)</div> <div style="width: 33%;"><input type="checkbox"/> Emotion management</div> <div style="width: 33%;"><input type="checkbox"/> Community service access/advocacy/</div> <div style="width: 33%;"></div> <div style="width: 33%;"><input type="checkbox"/> Interpersonal/life/household/job-related coordination</div> <div style="width: 33%;"></div> <div style="width: 33%;"></div> </div>						

NCFAS CHILD WELL-BEING DOMAIN AREA: <u>Child(ren)'s Behavior</u>						
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Provided for <i>Child(ren)'s Behavior</i> <input type="checkbox"/> No service(s) needed <i>(rating of +2, +1, or 0 at start of services)</i> <i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i>						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Motivation/engagement activities</div> <div style="width: 33%;"><input type="checkbox"/> Communication skills</div> <div style="width: 33%;"><input type="checkbox"/> Substance abuse treatment/management</div> <div style="width: 33%;"><input type="checkbox"/> Parenting/child behavior management</div> <div style="width: 33%;"><input type="checkbox"/> Safety</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify other service(s) below)</div> <div style="width: 33%;"><input type="checkbox"/> Emotion management</div> <div style="width: 33%;"><input type="checkbox"/> Community service access/advocacy/</div> <div style="width: 33%;"></div> <div style="width: 33%;"><input type="checkbox"/> Interpersonal/life/household/job-related coordination</div> <div style="width: 33%;"></div> <div style="width: 33%;"></div> </div>						

NCFAS CHILD WELL-BEING DOMAIN AREA: School Performance

☐ Does not apply to this family – no child(ren) of school age

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *School Performance*

☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____

NCFAS CHILD WELL-BEING DOMAIN AREA: Relationship with Parent(s)/Caregiver(s)

☐ Does not apply to this family – child(ren)'s age

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Relationship with Parent(s)/Caregiver(s)*

☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____
<input type="checkbox"/> Interpersonal/life/household/job-related	Coordination	_____

NCFAS CHILD WELL-BEING DOMAIN AREA: Relationship with Sibling(s)

☐ Does not apply – only one child in family

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Relationship with Sibling(s)*

☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____

NCFAS CHILD WELL-BEING DOMAIN AREA: Relationship with Peers

☐ Does not apply to this family – child(ren) too young for peer relationship(s)

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Relationship with Peers*

☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____

NCFAS CHILD WELL-BEING DOMAIN AREA: Cooperation/Motivation to Maintain the Family

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Cooperation/Motivation to Maintain the Family*

☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____

COMMUNITY CONNECTIONS MADE DURING IFPS/FPS

(please check all supports family was or became connected with in addition to IFPS/FPS)

<input type="checkbox"/> Adult/juvenile justice system <input type="checkbox"/> Case management services <input type="checkbox"/> Local support groups, church, food bank <input type="checkbox"/> Day or child care/Head Start <input type="checkbox"/> Division of developmental disabilities <input type="checkbox"/> Domestic violence services/treatment <input type="checkbox"/> Private or public mental health/counseling <input type="checkbox"/> Psychiatric services <input type="checkbox"/> School system involvement <input type="checkbox"/> Special school services <input type="checkbox"/> Medical services <input type="checkbox"/> Substance abuse treatment/support groups <input type="checkbox"/> Other → _____	<input type="checkbox"/> Support person for parent <input type="checkbox"/> Support person for child <input type="checkbox"/> After school activities (clubs/sports/music/dance etc.) <input type="checkbox"/> Other → _____	<input type="checkbox"/> Employment Security <input type="checkbox"/> Housing assistance <input type="checkbox"/> Legal assistance/resources <input type="checkbox"/> Private or public health insurance <input type="checkbox"/> Public assistance <input type="checkbox"/> Transportation <input type="checkbox"/> Utility/telephone assistance <input type="checkbox"/> Vocational/education services <input type="checkbox"/> WIC/food stamps <input type="checkbox"/> Other → _____
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**If IFPS/FPS is requested for reunification assistance, please assess
and complete the following two additional NCFAS Domains**

Please refer to the Definitions for the NCFAS you received in training to aid in rating each area and domain. You may request a copy from the Program Manager, Jill Boyce (boyj300@dshs.wa.gov), or the Research Manager, Sherry Brummel (brus300@dshs.wa.gov), if needed.

Additional NCFAS Domain to be completed for reunification services only						
NCFAS GLOBAL DOMAIN	NCFAS RATING FOR OVERALL CAREGIVER/CHILD AMBIVALENCE DOMAIN					
CAREGIVER/CHILD AMBIVALENCE	Clear Strength +2	Mild Strength +1	Baseline/ Adequate 0	Mild Problem -1	Moderate Problem -2	Serious Problem -3
Overall Assessment at Start of Services <i>(please complete after rating each domain subscale)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Assessment at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief narrative (and goal identification) for global NCFAS Caregiver/Child Ambivalence Domain
Begin typing here → _____

NCFAS CAREGIVER/CHILD AMBIVALENCE DOMAIN AREA <u>Parent/Caregiver Ambivalence Towards Child</u>						
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Provided for <i>Parent/Caregiver Ambivalence Towards Child</i> <input type="checkbox"/> No service(s) needed <i>(rating of +2, +1, or 0 at start of services)</i> <i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i>						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Motivation/engagement activities</div> <div style="width: 33%;"><input type="checkbox"/> Communication skills</div> <div style="width: 33%;"><input type="checkbox"/> Substance abuse treatment/management</div> <div style="width: 33%;"><input type="checkbox"/> Parenting/child behavior management</div> <div style="width: 33%;"><input type="checkbox"/> Safety</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify other service(s) below)</div> <div style="width: 33%;"><input type="checkbox"/> Emotion management</div> <div style="width: 33%;"><input type="checkbox"/> Community service access/advocacy/</div> <div style="width: 33%;"><input type="checkbox"/> Interpersonal/life/household/job-related coordination</div> </div>						

NCFAS CAREGIVER/CHILD AMBIVALENCE DOMAIN AREA <u>Child Ambivalence Towards Parent/Caregiver</u>						
	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Provided for <i>Child Ambivalence Towards Parent/Caregiver</i> <input type="checkbox"/> No service(s) needed <i>(rating of +2, +1, or 0 at start of services)</i> <i>(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)</i>						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Motivation/engagement activities</div> <div style="width: 33%;"><input type="checkbox"/> Communication skills</div> <div style="width: 33%;"><input type="checkbox"/> Substance abuse treatment/management</div> <div style="width: 33%;"><input type="checkbox"/> Parenting/child behavior management</div> <div style="width: 33%;"><input type="checkbox"/> Safety</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify other service(s) below)</div> <div style="width: 33%;"><input type="checkbox"/> Emotion management</div> <div style="width: 33%;"><input type="checkbox"/> Community service access/advocacy/</div> <div style="width: 33%;"><input type="checkbox"/> Interpersonal/life/household/job-related coordination</div> </div>						

NCFAS CAREGIVER/CHILD AMBIVALENCE DOMAIN AREA

Ambivalence Exhibited by Substitute Care Provider

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Services Provided for *Ambivalence Exhibited by Substitute Care Provider*

☐ No service(s) needed (*rating of +2, +1, or 0 at start of services*)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

- | | | |
|---|---|---|
| <input type="checkbox"/> Motivation/engagement activities | <input type="checkbox"/> Communication skills | <input type="checkbox"/> Substance abuse treatment/management |
| <input type="checkbox"/> Parenting/child behavior management | <input type="checkbox"/> Safety | <input type="checkbox"/> Other (specify other service(s) below) |
| <input type="checkbox"/> Emotion management | <input type="checkbox"/> Community service access/advocacy/ | |
| <input type="checkbox"/> Interpersonal/life/household/job-related | coordination | |

NCFAS CAREGIVER/CHILD AMBIVALENCE DOMAIN AREA

Disrupted Attachment

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Services Provided for *Disrupted Attachment*

☐ No service(s) needed (*rating of +2, +1, or 0 at start of services*)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

- | | | |
|---|---|---|
| <input type="checkbox"/> Motivation/engagement activities | <input type="checkbox"/> Communication skills | <input type="checkbox"/> Substance abuse treatment/management |
| <input type="checkbox"/> Parenting/child behavior management | <input type="checkbox"/> Safety | <input type="checkbox"/> Other (specify other service(s) below) |
| <input type="checkbox"/> Emotion management | <input type="checkbox"/> Community service access/advocacy/ | |
| <input type="checkbox"/> Interpersonal/life/household/job-related | coordination | |

NCFAS CAREGIVER/CHILD AMBIVALENCE DOMAIN AREA

Pre-reunification Home Visitations

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Services Provided for *Pre-Reunification Home Visitations*

☐ No service(s) needed (*rating of +2, +1, or 0 at start of services*)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

- | | | |
|---|---|---|
| <input type="checkbox"/> Motivation/engagement activities | <input type="checkbox"/> Communication skills | <input type="checkbox"/> Substance abuse treatment/management |
| <input type="checkbox"/> Parenting/child behavior management | <input type="checkbox"/> Safety | <input type="checkbox"/> Other (specify other service(s) below) |
| <input type="checkbox"/> Emotion management | <input type="checkbox"/> Community service access/advocacy/ | |
| <input type="checkbox"/> Interpersonal/life/household/job-related | coordination | |

Please refer to the *Definitions for the NCFAS* you received in training to aid in rating each area and domain. You may request a copy from the Program Manager, Jill Boyce (boyj300@dshs.wa.gov), or the Research Manager, Sherry Brummel (brus300@dshs.wa.gov), if needed.

Additional NCFAS Domain to be completed for reunification services only

NCFAS GLOBAL DOMAIN READINESS FOR REUNIFICATION	NCFAS RATING FOR OVERALL READINESS FOR REUNIFICATION DOMAIN					
	Clear Strength +2	Mild Strength +1	Baseline/ Adequate 0	Mild Problem -1	Moderate Problem -2	Serious Problem -3
Overall Assessment at Start of Services <i>(please complete after rating each domain subscale)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Assessment at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief narrative (and goal identification) for global NCFAS Readiness for Reunification Domain
Begin typing here → _____

NCFAS OVERALL READINESS FOR REUNIFICATION DOMAIN AREA

Resolution of Significant CPS Risk Factors

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Resolution of Significant CPS Risk Factors*

☐ No service(s) needed *(rating of +2, +1, or 0 at start of services)*

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____

NCFAS OVERALL READINESS FOR REUNIFICATION DOMAIN AREA

Completion of Case Service Plans

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Completion of Case Service Plans*

☐ No service(s) needed *(rating of +2, +1, or 0 at start of services)*

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	_____
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	_____

NCFAS OVERALL READINESS FOR REUNIFICATION DOMAIN AREA

Resolution of Legal Issues

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Resolution of Legal Issues*

☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	

NCFAS OVERALL READINESS FOR REUNIFICATION DOMAIN AREA

Parent/Caregiver's Understanding of Child(ren)'s Treatment Needs

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Parent/Caregiver's Understanding of Child(ren)'s Treatment Needs*

☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	

NCFAS OVERALL READINESS FOR REUNIFICATION DOMAIN AREA

Established Back-up Supports or Service Plans

	Clear Strength +2	Mild Strength +1	Adequate 0	Mild Problem -1	Moderate problem -2	Serious Problem -3
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Rating at Start of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating at End of Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided for *Established Back-up Supports or Service Plans*

☐ No service(s) needed (rating of +2, +1, or 0 at start of services)

(please check any services provided from the list below if the family's NCFAS rating for this area at start of service is -1, -2 or -3)

<input type="checkbox"/> Motivation/engagement activities	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Substance abuse treatment/management
<input type="checkbox"/> Parenting/child behavior management	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (specify other service(s) below)
<input type="checkbox"/> Emotion management	<input type="checkbox"/> Community service access/advocacy/	
<input type="checkbox"/> Interpersonal/life/household/job-related	coordination	

Agency Name: _____

Therapist Name: _____

OCAR FILE NAME (OCAR-assigned provider number plus first four digits of caregiver #1's last name followed by first two digits of caregiver #1's first name [for example: 39SMITJE for provider, Evergreen Counseling, caregiver, Jennifer Smith; 105GOMERO for provider, Valdez & Associates, caregiver, Roberto Gomez]) → _____

Based on the Service Record of Dates and Time located on the last page of this document, please report the first and last dates you made face to face contact with the family so we can calculate an accurate intervention or service length.

First Face to Face Contact Date: _____

Last face to Face Contact Date (do not include follow-up, post-intervention phone calls): _____

Number of Therapist Contacts (meetings with family)

Number of Paraprofessional Contacts (from next page)

If services ended prematurely, please select reason: Select one If reason is "Other," specify here →

Service Provider Hour Summary for This Family	Therapist	Paraprofessional
Direct Face-To-Face Contact Hours with Family Members (as calculated on next page, Record of Dates and Time)		
Collateral Contacts (Non-Family Contact)		
Case Related Travel Time		
Paperwork		
Other (Meetings, Staffings, Supervision)		
Total Hours		
Total Number of Miles Driven while Providing Services		
Total Number of Face to Face Contacts		

Service Providers Report of (1) Family Progress; (2) Stability; (3) Ongoing Safety of Children; (4) Recommendations for Continuing Services and Referrals Made or Attempted; and (5) the Family's Ability to Follow Through with Needed Ongoing Services. Address each of the five areas in this section so that the DCFS social worker has the information necessary for service planning, including the need for protective services such as out-of-home placement or continuing in-home intervention. Be as realistic and accurate as possible in your assessment of family progress on goals, stability (permanence of improvements in risk areas), child safety, need for ongoing services and the likelihood that the family will be willing and able to engage in recommended services.

Begin typing here

Therapist's Signature _____ Date: _____

Date summary submitted to social worker: _____ Date summary submitted to OCAR: _____

Please document all weekly case update contacts with the social worker below, including voice mail messages

Weekly Case Updates Made to the DCFS Referring Social Worker							
Contact Dates		Contact Dates		Contact Dates		Contact Dates	
1		2		3		4	
5		6		7		8	
9		10		11		12	
13		14		15		16	
17		18		19		20	
21		22		23		24	
25		26		27		28	

The following page is provided to assist in recording intervention and service contact dates and times with the family. It is intended to serve as an ongoing as well as final record of time spent seeing and telephoning the family. You are welcome to submit a copy of this page with your monthly case updates. Please include the Service Record of Dates and Time page with your final Exit Summary.

SERVICE RECORD OF DATES AND TIME

Direct Face-To-Face and Telephone Contact Dates/Hours with this Family

Complete this table for all services, including IFPS Evaluation and Aftercare; report hours to the nearest 15 minutes (.25 hour)
 Tabs move across the table

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Therapist				Paraprofessional			
Face-to-Face Dates and Hours		Telephone Dates/Hours		Face-to-Face Dates and Hours		Telephone Dates/Hours	
Contact Date	Number of Hours	Contact Date	Number of Hours	Contact Date	Number of Hours	Contact Date	Number of Hours
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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25							
26							
27							
28							
29							
30							
0	0	← TOTALS →	0	0	0	← TOTALS →	0
↑ Total # of Therapist Face to Face Contacts	↑ Therapist Total Face to Face HOURS		↑ Therapist Total Phone HOURS	↑ Total # of Parapro Face to Face Contacts	↑ Parapro Total Face to Face HOURS		↑ Parapro Total Phone HOURS

Word will count your contacts and sum your hours if you highlight the turquoise cells above the arrows (↑) and press F9. Repeat the F9 update after any additions for accurate counts and totals to record in your summary.